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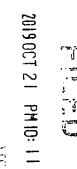
(Requestor's Name)	
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PICK-UP WAIT MAIL	
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## **COVER LETTER**

	IE TRADING COMPANY LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	MICHAEL NESSIM		
	BISCAYNE TRADING C	Name of Person OMPANY LLC	
	1846 NE 213TH LANE	Firm/Company	
	MIAMI, FL 33179	Address	
	Mikeynessim@gmail.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report noti	fication)
For further information	concerning this matter, please ca	all:	
Michael Nessim		305 775-5708	
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

**Registration Section** 

**Division of Corporations** 

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BISCAYNE TRADING COMPANY LLC		
( <u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) da Lumited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on December 31st, 2018	and assigned
Florida document number L19000003464		
his amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lir</u>	mited liability company here:	
'he new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADD</u>	PRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or reg		the name of the
egistered agent and/or the new registered office ad	<u>ldress here</u> :	
Name of Name Background Assessed		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code

### New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person\_being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	MICHAEL NESSIM	1846 NE 213TH LANE, MIAMI, FL 33179	<b>■</b> Add
			□ Remove
	IBER MOLINE	2040 NE 199TH STREET ,	Change
MGR		MIAMI, FL 33179	<b>■</b> Add
			☐ Remove
			□ Change
			☐ Remove
			□ Change
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e record specif The 90th day	ies a delayed ef after the record	fective da is filed.	ite, but n	not an effe	ective time	, at 12:01 a	.m. on the e	earlier o
ated Friday, Oct	ober, 18th		2019		J,m			
					sentative of a	nember		

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Filing Fee: \$25.00